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<b>CHANGE OF CORRESPONDENCE ADDRESS Application</b>  Address to: Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450	Application Number	10/585,056-Conf. #6195
	Filing Date	December 29, 2004
	First Named Inventor	Gosta Sorndal
	Art Unit	2881
	Examiner Name	Not Yet Assigned
	Attorney Docket No.	60889/HO-P02924US1-10400221

Please change the Correspondence Address for the above-identified application to:

☒ The address associated with Customer Number: 

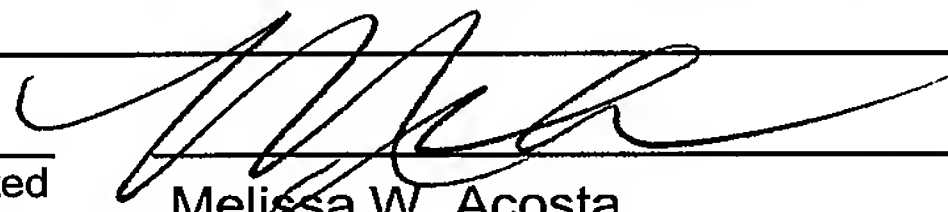
OR

<input type="checkbox"/> Firm or Individual Name				
Address				
City		State		Zip
Country				
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This form cannot be used to change the data associated with a Customer Number. To change the data associated with an existing Customer Number use "Request for Customer Number Data Change" (PTO/SB/124).

I am the:

- ☐ Applicant/Inventor  
☐ Assignee of record of the entire interest.  
 Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).  
☒ Attorney or agent of record. Registration Number 45,872.  
☐ Registered practitioner named in the application transmittal letter in an application without an executed oath or declaration. See 37 CFR 1.33(a)(1). Registration Number \_\_\_\_\_.

Signature		
Typed or Printed Name	Melissa W. Acosta	
Date	May 24, 2007	Telephone (214) 855-7163

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

<input type="checkbox"/> *Total of <u>1</u> forms are submitted.
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